

## Town of Brookfield

### Procedure for Obtaining a Building Permit

**\*\*PLEASE READ CAREFULLY\*\***

Failure to comply with these requirements will delay the review of your application.

The Permit Application documents must be completed in ink or typed. The following is a list of the documents and information that must be submitted in order to process your application. The Land Use Office staff will ensure that the materials are distributed to each of the Land Use departments for review.

#### **Residential New Construction Document Checklist**

- Tax Collector Sign-off
- Copy of Wetlands permit or Subdivision Wetlands permit if work is within 75' of a wetland or 100' of a body of water or 200' from the Still River, Candlewood Lake or Lake Lillinonah
- Completed Residential Application Preliminary Zoning Request
- Re-inspection fee acknowledgement
- Workers' Compensation affidavit
- Letter of Authorization from property owner
- Combustion calculation sheet
- Electrical Code Selection Sheet signed and dated.
- Completed Building Application
- Application for a Permit to Construct a Subsurface Sewage Disposal System
- Limitation of Appeals on Certificates of Zoning Compliance
- Water Pollution Control Authority Review Sheet
- 2 copies of Site Plan with building setbacks and location of well and septic system clearly marked.
- 2 Sets of Building Plans with Architect or Engineer's stamp (if applicable)
- 2 Sets of Septic Plans
- Contractor's license and proof of insurance
- Res. Check
- Fees (includes Certificate of Zoning Compliance fee, Health Plan review fee, Building Permit fees, Certificate of Occupancy fee)

A schedule of building fees is available separately.

Driveway permits are issued by the Public Works Department, however information and an application are included in the Building Application for your convenience.

Building Permit # \_\_\_\_\_

Activity #: \_\_\_\_\_

## TOWN OF BROOKFIELD DEPARTMENT APPROVAL CHECKLIST

Property UID# \_\_\_\_\_

Property Address: \_\_\_\_\_

Project Description: \_\_\_\_\_

Applicant: \_\_\_\_\_

Phone # : \_\_\_\_\_

Owner of Record: \_\_\_\_\_

Phone #: \_\_\_\_\_

Subdivision Name: \_\_\_\_\_

Developer's Lot # \_\_\_\_\_

*The applicant is responsible for obtaining all required signatures*

Department	Approved By:	Date	Comments/Stipulations
1. Tax Collector			
2. Historic District 775-2538			
3. Candlewood Shores 775-1172			
4. Public Works Dept.			
5. Inland Wetlands			
6. Zoning			
7. Health Department			
8. WPCA			
9. Fire Marshal			Read & Sign Review Sheet
10. Building Dept.			

### FINAL APPROVALS

1. Historic District 775-2538			
2. Inland Wetlands			
3. Zoning Compliance Certificate			
4. Health Dept			
5. WPCA			
6. Fire Marshal Final Inspection			

**\*\* The Building Dept., will schedule a final inspection after receipt of this completed checklist and a request for a final inspection. \*\***

7. Building Dept.** Final Inspection			
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## TOWN OF BROOKFIELD

Activity # \_\_\_\_\_

**RESIDENTIAL APPLICATION  
PRELIMINARY ZONING REQUEST**

APPLICATION DATE: \_\_\_\_\_

PROPERTY I.D. # \_\_\_\_\_

**APPLICANT/AGENT:**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Zip: \_\_\_\_\_  
Contact Name: \_\_\_\_\_  
Phone #: \_\_\_\_\_

**LANDOWNER OF RECORD:**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Zip: \_\_\_\_\_  
Contact Name: \_\_\_\_\_  
Phone #: \_\_\_\_\_

**PROJECT DESCRIPTION:****SITE DATA:**

Street Address: \_\_\_\_\_ Zone: \_\_\_\_\_ Has a variance been granted on this property? Yes [ ] No [ ]  
Subdivision Name: \_\_\_\_\_ Conservation Subdivision? No [ ] Yes [ ]  
Acres: \_\_\_\_\_ Lot Size: (Multiply acres by 43,560 sq. ft) = Square Feet:

**COVERAGE:****INSTRUCTIONS**

Item	Square Feet
House	_____
Deck	_____
Porch	_____
Garage	_____
Shed	_____
Pool	_____
Other	_____
New Construction	_____

1. Enter actual **FIRST FLOOR** square footage **ONLY** from Site Plan drawings or Tax Assessor's Field Card.

If there is no change in foot print, note this in the space below and proceed to Proposed Setbacks.

Total square footage: \_\_\_\_\_

2. Total all of the above square footages.

**PERCENT LOT COVERAGE:**

3. Divide Total Square Footage by Lot Size in square feet. Multiply the result by 100 to calculate Percent of Lot Coverage.

**BUILDING HEIGHT:**

4. Enter Building Height: Distance from the front finished grade to a point midway between the highest point of the roof and an uninhabited attic floor.

**PROPOSED SETBACKS:**

5. Enter setbacks from site plan below. 6. Indicate setbacks on site plan.

Center of Road	Rear Yard	Right Side Yard	Left Side Yard

I represent that this information is current, accurate and complete and that all the work has been completed in accordance with ordinances, regulations, building and health codes. I agree that any information that is determined to be false, or misleading will be subject to fines and penalties set by regulation, code or statute.

I certify that I am the designated agent for this project

Signature: \_\_\_\_\_

OR

Signature: \_\_\_\_\_

Applicant

Property Owner

## INSTRUCTIONS FOR ZONING APPLICATION

### I. FORM COMPLETION: In obtaining the required information, please be guided by the following:

- "Zoning District:" Refer to Zoning District Map or Assessor's Card  
"Subdivision Name:" Refer to Subdivision List at Land Use counters  
"Subdivision Lot #:" Same as above  
"Conservation Subdivision:" Same as above  
"Permitted Use:" Refer to Zoning Regulation Section 242-401 for residential uses or Section 242-501, Table I for commercial and industrial uses.  
"Acres:" Refer to Assessor's cards, Subdivision Maps, or Land Records (Town Clerk)  
"Setbacks:" (a) For **additions or renovations**, show the setbacks to the entire structure as completed **with** the additions/renovations.  
(b) For **new construction**, show setbacks for all structures.

### II. REQUIRED DOCUMENTATION: Check below which documents accompany this application.

#### Preexisting Lots:

- ☐ If the lot existed prior to a rezoning action, provide prior zone designation and prior approval date.  
☐ If lot existed prior to 6/15/60, the initiation of Zoning, attach a statement and justification that the lot is considered a "legal, preexisting lot."

#### New House Construction:

- ☐ A certified, surveyed **plot plan** showing the proposed and existing structures, all setbacks, property lines with dimensions, wetlands and watercourses, zoning district designations and lot area.  
☐ House plans including elevations to indicate **building height**.  
☐ Copy of **Subdivision map** and/or **Inland Wetlands approval**

#### Additions, Sheds, and Pools:

- ☐ A plot plan, **to scale**, minimum 8 1/2" x 11" sheet, including lot outline and dimensions, existing and proposed structure locations, all setbacks, building height, locations of: wells, septic systems and reserve areas.

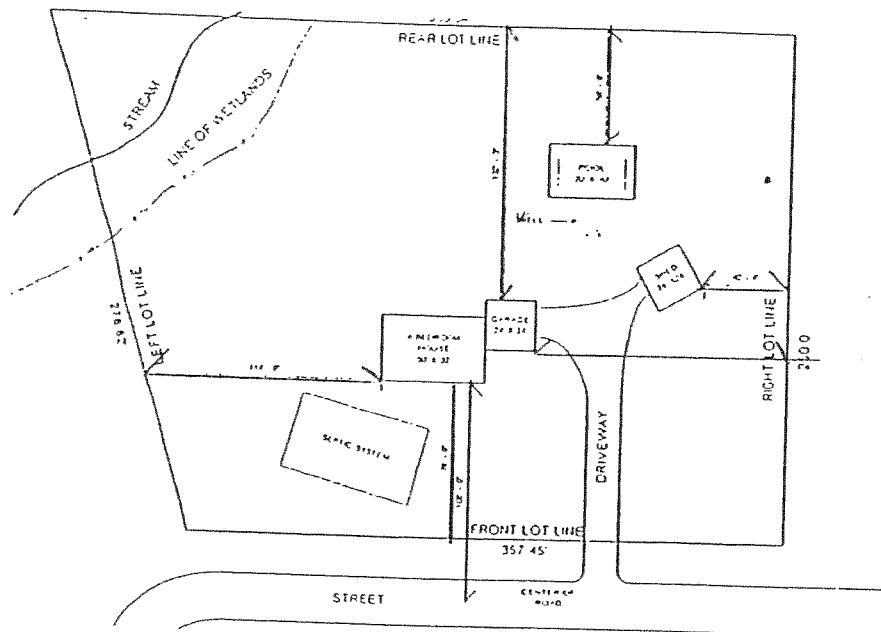
- ☐ If structures are within 10% of minimum setbacks, an A-2 Survey is required

### III. ACKNOWLEDGEMENT: I acknowledge herewith the requirement for the above checked data.

Applicant's signature \_\_\_\_\_

Date: \_\_\_\_\_

#### SAMPLE PLOT PLAN



**Town of Brookfield  
Land Use Office  
100 Pocono Rd.  
Brookfield, CT 06804**

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**ATTENTION PERMIT HOLDER**

**\*\*It is the responsibility of the permit holder or agent to call for inspections (minimum 24 hours in advance). The permit holder is responsible for all construction for that project. An oversight of code requirement(s) during plan review does not relieve you of your responsibility for compliance. During inspections, you may be required to make changes to insure that the current building & fire codes are satisfied.\*\***

- Per Chapter 127 of the Brookfield Code of Ordinances:

**Building Inspections which result in a failure will incur an additional \$25.00 fee for each reinspection.**

All reinspection fees shall be due and payable prior to the issuance of a Certificate of Occupancy.

- Per Chapter 242 of the Brookfield Code of Ordinances:

**Site Stabilization Inspections which result in a failure will incur an additional \$25.00 fee for each reinspection.**

All reinspection fees shall be due and payable prior to bond release.

***I acknowledge that per the Brookfield Code of Ordinances, I will be responsible for reinspection fees as outlined above. I also understand that it is my responsibility to call for inspections of the project.***

\_\_\_\_\_  
*Applicant/Agent signature*

\_\_\_\_\_  
*Date*

STATE OF CONNECTICUT  
WORKERS' COMPENSATION COMMISSION

**Building Permit Affidavit for Property Owners or Sole Proprietors**  
(Conn. Gen. Stat. § 31-286b)

Property located at \_\_\_\_\_

In the town of \_\_\_\_\_

Name of building permit applicant: \_\_\_\_\_

**Please check one:**

1. ☐ I am the owner of the above property.
2. ☐ I am the sole proprietor of a business.

2A. Name of business \_\_\_\_\_

2B. Federal Employer Identification Number (FEIN) \_\_\_\_\_

.....  
Pursuant to § 31-286b, "a property owner or sole proprietor [who] intends to act as a general contractor or principal employer" may provide either a certificate of workers' compensation insurance or a "sworn notarized affidavit... stating that he will require proof of workers' compensation insurance for all those employed on the job site in accordance with this chapter."

**Please check one:**

1. ☐ I do not intend to act as a general contractor or principal employer.  
[Sign and stop here]

\_\_\_\_\_  
Signature of applicant

2. ☐ I intend to act as a general contractor or principal employer. Applicant must either provide a certificate of workers' compensation insurance or sign the affidavit below.

.....  
**Affidavit**

I hereby swear and attest that I will require proof of workers' compensation insurance for every contractor, subcontractor, or other worker before he/she engages in work on the above property in accordance with the Workers' Compensation Act (Chapter 568).

I understand that pursuant to § 31-275 C.G.S., officers of a corporation and partners in a partnership may elect to be excluded from coverage by filing a waiver with the appropriate District Office; and that a sole proprietor of a business is not required to have coverage unless he files his intent to accept coverage.

\_\_\_\_\_  
Signature of applicant

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 200\_\_.

\_\_\_\_\_  
(Notary Public/ Commissioner of the Superior Court)

## Letter of Authorization

To the Town of Brookfield:

I hereby declare the following:

- 1) That I am the owner of the premises described as follows:

\_\_\_\_\_  
Street Address City State Zone

- 2) That I, \_\_\_\_\_, as homeowner will act as general contractor.

**OR**

That \_\_\_\_\_ is duly authorized for and on behalf of the owner to execute an application for building permits to enable him/her to obtain permits to complete construction of the following work:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- 3) That \_\_\_\_\_ is hereby designated as the owner's representative with whom all town departments may deal with in respect to the work involved.

Date: \_\_\_\_\_

Owner: \_\_\_\_\_  
Print Name Signature

## **TO CONTRACTORS:**

**CT. General Statutes (effective January 1, 2005):**

### **§20-338b Building permit applications. Who may sign.**

Any licensed contractor who seeks to obtain a permit from a building official may sign the building permit application personally or delegate the signing of the building permit application to an employee, subcontractor or other agent of the licensed contractor, provided, the licensed contractor's employee, subcontractor or other agent submits to the building official a dated letter on the licensed contractor's letterhead, signed by the licensed contractor, stating that the bearer of the letter is authorized to sign the building permit application as the agent of the licensed contractor. The letter shall not be a copy or facsimile, but shall be an original letter bearing the original signature of the licensed contractor. The letter shall also include:

1. The name of the municipality where the work is to be performed;
2. The job name or a description of the job;
3. The starting date of the job;
4. The name of the licensed contractor;
5. The name of the licensed contractor's agent; and
6. The license numbers of all contractors to be involved in the work.



Address: \_\_\_\_\_ Permit No. \_\_\_\_\_

**Town of Brookfield Building Department  
Calculations for Combustion Air**

This form must be filled out for all of the following Permits:

1. All new homes
2. All finished basements
3. All boiler, furnace, and water heater replacements

What is the total combined gross btu ratings of all appliances located in the boiler room or rooms?  
\_\_\_\_\_

What is the volume of this room? (length x width x height) \_\_\_\_\_

Does the volume equal more than 50 cu. ft. for each 1,000 btu's of combined appliance ratings?  
\_\_\_\_\_

If it does, combustion air is not required.

If it is less than 50 cubic feet for each 1,000 btu's of combining rating, combustion air is required.

How will compliance with combustion air be achieved? Check one below.

- a.) interior air \_\_\_\_\_  
for interior air, what is the volume of the room the air is being taken from \_\_\_\_\_
- b.) air directly from the exterior of the building thru screened openings \_\_\_\_\_
- c.) air directly from the outside thru horizontal ducts \_\_\_\_\_

What is the calculated size of each opening? \_\_\_\_\_

Where will each opening be located? \_\_\_\_\_

Copies of your calculations must be submitted to the Building Official

I attest that I have done the above required calculations based on Chapter 20 of the 1995 CABO Mechanical Code

Signed \_\_\_\_\_

Printed Name \_\_\_\_\_

Company \_\_\_\_\_

What is the total gross btu ratings for all fuel burning appliances?

Example:	2 furnaces at 100,000 btu's =	200,000 btu's
	1 water heater at 85,000 btu's =	85,000 btu's
Total		285,000 btu's

How many cubic feet are contained in the room that the appliances are located?

Example:

The room is 40 feet long by 28 feet wide by 7 foot 6 inches high.  
This equals 8,400 cubic feet.

The code requires a room to be 50 cubic feet for each 1,000 btu's of appliances.  
So, in the above illustration, we have 285,000 btu's, so we would need  $50 \times 285$  or 14,250 cubic feet.  
So, for the above example, the room the boiler is in would be defined as a confined space, so we would need to introduce Combustion air.

Where we get the air for combustion will determine what size openings are required.

If we are getting the air from an interior space we will need 1 square inch for each 1,000 btu's of combined rating. For the above example, we will need each opening to be 285 square inches. One opening within 12 inches of the ceiling and one opening within 12 inches of the floor.

If we are getting air directly from the outside through louvers, we will need 1 square inch for each 4000 btu's. This will require 72 square inches but the code has set 100 square inches as the minimum size opening for combustion air. So, we will require 2 openings 100 square inches each located as above.

If we are getting air from the outside through horizontal ducts, we will require 1 square inch for each 2000 btu's. So, for the above example, we will require 2 openings, each opening to be  $285 \div 2 = 143$  square inches located as above.

Remember, if an interior source is being used, the space we are getting the air from must meet the 50 cubic feet for each 1000 btu's rule also. The size of the boiler room can be combined with the size of the room that the air is being taken from to achieve this volume. All calculations must be approved by the Building Official.

Section 710

Opening obstructions

Metal louvers free air is 75%.

Wooden louvers free air is 25%.

Also need MEC Check or  
Res Check

**Date :** \_\_\_\_\_

**To :** Building Department  
Town of Brookfield  
100 Pocono Road  
Brookfield, CT 06804

**From :** \_\_\_\_\_  
Permit Applicant's Name

**RE :** \_\_\_\_\_ ( Project Address)

**This is to certify that the provisions of**

\_\_\_\_ Chapters 33 through 42 of the 2003 International Residential Code

**or the**

\_\_\_\_ 2005 NFPA 70 National Electric Code

**of the 2005 CT State Building Code shall be followed for the general scope of the electrical system and equipment requirements for the proposed work of this one or two-family dwellings, swimming pool and structures.**

\_\_\_\_\_  
**Permit Applicant's Signature**

# **INSPECTION SCHEDULE**

Call – 203-775-7305 to schedule an inspection.  
MINIMUM 24 HOURS NOTICE

## **REQUIREMENTS OF THE BUILDING DEPARTMENT**

1. **Excavation and Footing** inspection before pouring.
2. **At Foundation Stage** and before proceeding any further, you must submit a Certified Class A-2 PLOT PLAN showing building location and foundation drain discharge if finished.
3. **Footing Drains Installed** and **Foundation Wall Waterproofed**.
4. **Garage Floor and Basement Floors** prior to concrete placing.
5. **Rough Framing, Electrical, Plumbing, Heating and Air Conditioning** inspection before Insulation is installed. The Building shall be Watertight - Roof, Siding, and Windows installed. Stairs are also to be installed.  
Note: All permits shall be issued before an inspection can be requested.
6. **Fireplace and Chimney, Hearth Floor and Extension, and Throat/Smoke Shelf**.
7. **Insulation** inspection.
8. **Inspection of Electrical Service/Underground Piping.**  
Note: "Request For Electric Service" form must be signed and submitted to the Building Department before an Inspection can be scheduled.
9. **Final Inspection** for Certificate of Use and Occupancy - Certificate of Compliance or Compliance and Use  
Note: After "Department Approval for Final Inspection" form is completed you must request in writing a final inspection with the Building Department.

The above inspection list is for basic inspections which are required for most project permits. However, the project for which you have received a permit may require special or additional inspections. It is the responsibility of the OWNER(S)/CONTRACTORS(S) to call for inspections.

**NOTE:** Building Permit and Plans which have been approved by the Building Department **MUST** be on the job site at all times for inspection purposes.

TOWN OF BROOKFIELD



PUBLIC WORKS DEPARTMENT

APPLICATION FOR DRIVEWAY PERMIT

Application to the Board of Selectmen for a Permit for the Creation  
of an Access into an Existing Road in the Town of Brookfield.

Date \_\_\_\_\_

Name of Property Owner \_\_\_\_\_

Address of Property Owner \_\_\_\_\_

Telephone Number \_\_\_\_\_

Name of Town road on which access is to be made:

\_\_\_\_\_ Lot No. \_\_\_\_\_ House No. \_\_\_\_\_

Name of Contractor installing driveway, road, etc.:

\_\_\_\_\_

Address of Contractor \_\_\_\_\_

Telephone Number \_\_\_\_\_

Driveways shall comply with the provisions of Town Ordinance.

Adequate site line shall be approved by Selectmen or Agent.

\_\_\_\_\_  
Signature of Owner or Authorized Agent

Approved by \_\_\_\_\_  
Ronald F. Klimas, Director of Public Works

Date \_\_\_\_\_  
Driveway Application Form 6/2/99

ACCEPTABLE FORMS OF SECURITY WHEN POSTING  
A BOND WITH THE TOWN OF BROOKFIELD

1. Check
2. Letter of Credit
3. Passbook

A Letter of Assignment signed by applicant and lending institution official,  
plus two (2) signed withdrawal slips must accompany each passbook.

(The Town of Brookfield does not accept Certificates of Insurance as security for bonds)

# ASSIGNMENT OF SAVINGS BANK DEPOSIT

Assignment made this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_,  
by \_\_\_\_\_ of \_\_\_\_\_, Assignor, to the Town of  
Brookfield, a municipality within the County of Fairfield, State of Connecticut,  
Assignee.

For valuable consideration, receipt of which is hereby  
acknowledged, the Assignor hereby assigns to the Assignee all the Assignor's  
interest in the following bank accounts:

<u>Bank Name</u>	<u>Account No.</u>	<u>Amount</u>
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The Assignor hereby delivers to the Assignee all passbooks, if any,  
for said accounts listed above, which passbooks are to be retained by the  
Assignee for the duration of this assignment.

The Assignor hereby directs said bank or banks to pay the Assignee,  
its legal representatives, or assigns, up to the full amount of such deposit upon  
demand.

The undersigned appoints the Treasurer of the Town of Brookfield  
as its attorney in fact for the purposes of carrying out the terms of this assignment  
and to take any action or execute any instruments necessary hereto and the  
undersigned hereby ratifies and confirms all that may be lawfully done by virtue  
hereof.

IN WITNESS WHEREOF, the Assignor has signed this instrument.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_.

\_\_\_\_\_  
Assignor

Accepted and acknowledged this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_.

By \_\_\_\_\_

Bank: \_\_\_\_\_

§ 119-1

BROOKFIELD CODE

§ 119-3

§ 119-1. Definitions.

As used in this chapter, the following terms shall have the meanings indicated:

COMMON DRIVEWAY — Any driveway servicing more than one (1) dwelling with access on a town highway.

CONSTRUCT — Includes the words "build," "reconstruct," "alter," "enlarge," "move" and "establish."

PERSON — Includes a partnership, corporation or other legal entity.

TOWN HIGHWAY — Includes the words "town street," "town road," "proposed town highway," "proposed town road" and "proposed town street."

§ 119-2. Permit required.

It shall hereafter be unlawful for any person to construct a new driveway or to relocate or add to the number of dwellings serviced by an existing driveway abutting, adjoining or leading onto a town highway without first filing a written application with the Board of Selectmen of the Town of Brookfield and receiving a permit therefor. In determining the advisability of issuing such permit, the Selectmen shall include in their consideration the location of the driveway with respect to its effect on highway drainage, highway safety, the width and character of the highway affected, the density of the traffic thereon and the character of such traffic.

§ 119-3. Information required to be submitted.

Said application shall show the location, width, length and grades of the proposed driveway; the number of dwellings to be serviced by the proposed driveway; the affect it will have on the highway drainage and the public safety; the materials to be used in the construction; the time when the work will commence and terminate; and the party or parties to perform the work.



§ 119-4

DRIVEWAYS

§ 119-8

§ 119-4. Bond required.

Before any such permit shall be issued, the Board of Selectmen will require a cash bond to be filed with said Board to guarantee the satisfactory completion of the driveway, the amount of bond to be determined by the Selectmen.

§ 119-5. Release of bond.

Said bond shall be released only after the work has been completed to the satisfaction of said Board.

§ 119-6. Materials.

Except as stated in § 119-8 hereof, any such proposed driveway abutting a highway shall be constructed of bituminous concrete two (2) inches deep on a six-inch gravel base or nine (9) inches of reinforced concrete on a six-inch gravel base from the edge of the traveled portion of the highway to the applicant's property line or the highway right-of-way, whichever is greater. The Board of Selectmen, or its designated agent, may alter these requirements if good cause is shown.

§ 119-7. Maximum width.

The maximum width of the driveway at the highway gutter line or edge of the pavement shall not exceed the following:

A. Residential, single- or multifamily: thirty (30) feet.

B. Commercial: fifty (50) feet.

§ 119-8. Grade; berm required for descending driveways; driveways entering unpaved roads.

The grade of the proposed driveway shall not exceed ten percent (10%) for a distance of thirty (30) feet from the edge of the traveled portion of the highway. If the proposed driveway is descending, a four-inch berm of bituminous concrete or reinforced concrete shall be constructed to protect the property

Town of Brookfield  
Public Works Department  
Driveway Permit Application

§ 119-8

BROOKFIELD CODE

§ 119-12

from surface water entering. If a driveway is on an unpaved road, then the Selectmen shall determine the point at which the pavement will end adjacent to the highway.

§ 119-9. Location.

The proposed driveway shall be confined between lines drawn from the frontage corners of the property to a point perpendicular to the center line of the highway.

§ 119-10. Restrictions on curves.

The center line of the proposed driveway shall not deviate more than thirty degrees (30°) from a right angle for a distance of thirty (30) feet from the edge of the traveled portion of the highway.

§ 119-11. Town officials not liable; responsibility for maintenance.

The applicant agrees to hold harmless the Town of Brookfield and the Board of Selectmen and their duly appointed agents and employees against any action for personal injury or property damage and for the cost of any repair of the highway which may result from the exercise of this permit. The maintenance of the proposed driveway from the edge of the traveled portion of the highway shall be the responsibility of the owner of the property served by the driveway.

§ 119-12. Culverts.

When culverts have to be installed to control the flow of water, such culverts shall extend to an established drainage right-of-way, or the owner shall provide a deeded drainage easement at the outfall of the culvert. No culverts shall outlet into the gutter or a ditch on the highway right-of-way except with the permission of the Selectmen.

§ 119-13

DRIVEWAYS

§ 119-14

§ 119-13. Special requirements authorized under certain conditions.

If the Board of Selectmen finds that unusual drainage or traffic conditions might result from the construction of a common driveway, the Selectmen may require the construction thereof to conform to any special conditions or directions which the Director of Public Works or the Town Engineer may specify, including but not limited to the recording of a written maintenance agreement between the parties sharing the common driveway.

§ 119-14. Violations and penalties.

Any person, firm or corporation violating any of the provisions of this chapter shall be fined not less than one hundred dollars (\$100.) for each offense; and a separate offense shall be deemed committed upon each day during or on which the violation occurs and continues.

TAX COLLECTOR

Approved \_\_\_\_\_ Denied \_\_\_\_\_

Date \_\_\_\_\_

# APPLICATION FOR PLAN EXAMINATION AND BUILDING PERMIT

APPLICANT INSTRUCTIONS: For all applications, complete Parts 1, 2, 3, 4 and 5 of this form. If electrical work, complete also Part 6. If plumbing work, complete also Part 7. If mechanical work, complete also Part 8. For other permits, complete also Part 9. Site Plan (Part 10) is to be shown on Page 4 or attached hereto. Parts 11-18 (Pages 5 and 6) are for department use only.

App. Date ____/____/____	Type Permit <input type="checkbox"/> Building (B)	<input type="checkbox"/> Electrical (E) <input type="checkbox"/> Mechanical (M)	<input type="checkbox"/> Plumbing (P) <input type="checkbox"/> Other (O) (See item 9)	Is Owner Applicant (Y/N)
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## 1. PROPERTY INFORMATION

Street Address		Apt.	Zip	Parcel Number	Zoning
Subdivision	Lot Number	Parcel Type <input type="checkbox"/> Residential (R) <input type="checkbox"/> Commercial (C)	<input type="checkbox"/> Industrial (I) <input type="checkbox"/> Other (O)		

## 2. OWNER INFORMATION

First Name	Last name or Business Name	Phone
Street Address		City
		State Zip

## 3. CONTRACTORS INFORMATION

	NAME OF CONTRACTOR LAST NAME, FIRST NAME	ST. ADDRESS	CITY, ST.	LICENSE NO.
Applicant (not owner)				
Architect / Engineer				
General Contractor				
Excavation				
Concrete				
Carpentry				
Electrical				
Plumbing				
Sewer				
Mechanical				
Roofing				
Masonry				
Drywall or Lathing				
Sprinkler				
Paving				
Fire Alarm				

## 4. CERTIFICATION

I hereby certify that I am the owner of record of the named property, or that the proposed work is authorized by the owner of record and that I have been authorized by the owner to make this application as his authorized agent and I agree to conform to all applicable laws of this jurisdiction. In addition, if a permit for work described in this application is issued, I certify that the code official or the code official's authorized representative shall have the authority to enter areas covered by such permit at any reasonable hour to enforce the provisions of the code(s) applicable to such permit.

SIGNATURE OF APPLICANT \_\_\_\_\_ ADDRESS \_\_\_\_\_ PHONE NO. \_\_\_\_\_

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE \_\_\_\_\_ PHONE NO. \_\_\_\_\_

## 5. BUILDING PERMIT APPLICATION

For Dept. Use Only	Request Plan No. Assignment (Y/N)	<b>PROPOSED USE:</b>  <b>ASSEMBLY</b> <input type="checkbox"/> THEATRE (1) <input type="checkbox"/> NIGHT CLUB (2) <input type="checkbox"/> RESTAURANT (3) <input type="checkbox"/> CHURCH (4) <input type="checkbox"/> OTHER ASSEMBLY (5)  <input type="checkbox"/> BUSINESS (6)  <b>EDUCATIONAL</b> <input type="checkbox"/> (GRADES 1-12) (7) <input type="checkbox"/> DAY CARE FACILITY (8)  <b>FACTORY</b> <input type="checkbox"/> MODERATE HAZARD (9) <input type="checkbox"/> LOW HAZARD (10) <input type="checkbox"/> HIGH HAZARD (11)		<b>INSTITUTIONAL</b> <input type="checkbox"/> GROUP HOME (12) <input type="checkbox"/> HOSPITAL (13) <input type="checkbox"/> JAIL (14)  <input type="checkbox"/> MERCANTILE (15)  <b>RESIDENTIAL</b> <input type="checkbox"/> HOTEL, MOTEL (16) <input type="checkbox"/> MULTI-FAMILY (17) <input type="checkbox"/> BOCA TWO FAMILY (18) <input type="checkbox"/> CABO TWO FAMILY (19) <input type="checkbox"/> BOCA SINGLE FAMILY (20) <input type="checkbox"/> CABO SINGLE FAMILY (21)  <b>STORAGE</b> <input type="checkbox"/> MODERATE HAZARD (22) <input type="checkbox"/> LOW HAZARD (23)	<input type="checkbox"/> OTHER (24) PARKING GARAGE CARPORT MOTOR FUEL SERV REPAIR GARAGE PUBLIC UTILITY HPM _____ _____ _____ _____ _____ _____ _____ _____ _____
Plan Number _____  <b>IMPROVEMENT TYPE:</b> <input type="checkbox"/> NEW CONSTRUCTION (1) <input type="checkbox"/> ADDITION (2) <input type="checkbox"/> ALTERATION (3) <input type="checkbox"/> REPAIR / REPLACEMENT (4) <input type="checkbox"/> DEMOLITION (5) <input type="checkbox"/> RELOCATION (6) <input type="checkbox"/> FOUNDATION ONLY (7) <input type="checkbox"/> CHANGE OF USE ONLY (8)		<b>Structural</b> (check that applicable) <b>Frame</b> <input type="checkbox"/> Steel (1) <input type="checkbox"/> Concrete (3) <input type="checkbox"/> Other (5), Identify: _____ <input type="checkbox"/> Masonry (2) <input type="checkbox"/> Wood (4)			
		<b>Exterior</b> (Check those applicable) <b>Walls</b> <input type="checkbox"/> Steel (1) <input type="checkbox"/> Concrete (3) <input type="checkbox"/> Other (5), Identify: _____ <input type="checkbox"/> Masonry (2) <input type="checkbox"/> Wood (4)			
Are any <b>structural assemblies</b> fabricated off-site? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Street Frontage (Feet)	Stories (Number)	Lot Area (Sq. feet)			
Front Setback (Feet)	Bed Rooms (Number)	Building Area (Sq. feet)			
Rear Setback (Feet)	Full Baths (Number)	Parking Area (Sq. feet)			
Left Setback (Feet)	Partial Baths (Number)	Living Area (Sq. feet)			
Right Setback (Feet)	Garages (Number)	Basement Area (Sq. feet)			
Height Above Grade (Feet)	Windows (Number)	Garage Area (Sq. feet)			
New Residential Units (Number)	Fireplaces (Number)	Office/Sales (Sq. feet)			
Existing Residential Units (Number)	Enclosed Parking (Number)	Service (Sq. feet)			
Elevators / Escalator (Number)	Outside Parking (Number)	Manufacturing (Sq. feet)			
Est. Start _____/_____/_____	Est. Finish _____/_____/_____	Building Est. Value \$ _____			

## 6. ELECTRICAL PERMIT APPLICATION

Total Service _____ AMPS		Number of Circuits: _____ 2 WIRE _____ 3 WIRE _____ 4 WIRE		Electrical Work <input type="checkbox"/> Yes <input type="checkbox"/> No	
POWER DEVICES		Number of Service Outlets: _____ 110V _____ 220V		POWER DEVICES	
No.	OUTPUT/LOAD	No.	OUTPUT/LOAD		
1			7		
2			8		
3			9		
4			10		
5					
6					
Utility Service Revisions:			Total Number of Motors		
Est. Start _____/_____/_____		Est. Finish _____/_____/_____		Electrical Work Est. Value \$ _____	

**7. PLUMBING PERMIT APPLICATION**Plumbing Work ☐ Yes ☐ No

Enter the Number of Fixtures Being Installed, Replaced or Repaired

Tubs/Shower		Drinking Fountains		Back Flow Preventers	
Shower Stalls		Floor Drains		Water Pumps	
Lavatories		Water Heaters		Roof Openings	
Toilets		Water Softeners		Parking Lot Drains	
Urinals		Sewage Ejectors		Inside Downspouts	
Sinks		Sump Pumps		Swimming Pools	
Laundry Tubs		Grease Traps		Standpipes (Y/N) (Number Hose Outlets)	
Dishwashers		Bidets		Fire Sprinklers (Y/N) (Number of Heads)	
Garbage Disposals				Lawn Sprinklers (Y/N) (Number of Heads)	
				Total Fixtures	
Public Water (Y/N)		Public Sewer (Y/N)			
Water Service Size _____ IN.		Water Meter Size _____ IN.		Avg. Daily Water Use _____ GPD	
Utility Service Revisions:					
Est. Start _____ / _____ / _____		Est. Finish _____ / _____ / _____		Plumbing Work Est. Value \$	

**8. MECHANICAL PERMIT APPLICATION**Mechanical Work ☐ Yes ☐ No

Enter Number of New or Replacement Units

Forced Air Furnace		Incinerator		Air Handling Unit	
Unit Heater		Boiler		Heat Pump	
Gas/Oil Conversion		Coil Unit		Air Cleaner	
Space Heater		Window A/C Unit		Kitchen Exhaust Hood	
Gravity Furnace		Split System A/C		Hazardous Exhaust System	
Solid Fuel Appliance		A/C Compressor		Electric Furnace	
Utility Service Revisions:					
Type of Heating Fuel: (Check One) <input type="checkbox"/> Gas (1) <input type="checkbox"/> Oil (2) <input type="checkbox"/> Electric (3) <input type="checkbox"/> Coal (4) <input type="checkbox"/> Wood (5) <input type="checkbox"/> Other (6)					
Est. Start _____ / _____ / _____		Est. Finish _____ / _____ / _____		Mechanical Work Est. Value \$	

**9. OTHER REQUIRED PERMIT APPLICATION(S)**

Permit Type:		
Description of Work:		
Est. Start _____ / _____ / _____	Est. Finish _____ / _____ / _____	Est. Value \$

11. DATA ENTRY

Application Received: / /

By:

Application Reviewed: / /

By:

Data Entry: / /

By:

12. FLOODPLAIN EVALUATION

FLOOD MAP NUMBER & DATE LOWEST FLOOR ELEVATION

FLOOD ZONE BASE FLOOD ELEVATION

13. ZONING PLAN EVALUATION

ZONING DISTRICT MAP NUMBER

LOT AREA (From Page 2) LOT COVERAGE (%)

LOT AREA PER ROOM ENCROACHMENTS

OFF STREET PARKING SPACES, REQUIRED PROVIDED

LOADING SPACE

SIGNS; NUMBER SIZE OF EACH SIGN

PLANNING COMMISSION APPROVAL REQUIRED

BOARD OF ZONING APPEALS APPROVAL REQUIRED

14. PLAN REVIEW RECORD

Plans Review Required	Check	Plan Review Fee	Date Plans Started	By	Date Plans Approved	By	Notes
BUILDING		\$					
PLUMBING		\$					
MECHANICAL		\$					
ELECTRICAL		\$					
		\$					
TOTAL		\$	TO BE ENTERED ON PART 18				

15. ADDITIONAL PERMITS REQUIRED

Permit or Approval	Check	Date Obtained	Number	By	Permit or Approval	Check	Date Obtained	Number	By
BOILER					PLUMBING				
CURB OR SIDEWALK CUT					ROOFING				
ELEVATOR					SEWER				
ELECTRICAL					SIGN OR BILLBOARD				
FURNACE					STREET GRADES				
GRADING					USE OF PUBLIC AREAS				
OIL BURNER					DEMOLITION				

### 16. PROJECT DOCUMENTS (DRAWINGS & CALCULATIONS)

TYPE DRAWINGS/REPORT	SUBMITTED	SIGNED AND SEALED	DATE	REVISION DATE
Site Plan	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Soil Report	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Architectural Drawings	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Structural Drawings	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Mechanical Drawings	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Electrical Drawings	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Job Specifications	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Structural Connect. Drwngs.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Structural Calculations	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Special Inspection Data	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Sprinkler Drawings	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Sprinkler Calculations	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		

### 17. OTHER DEPARTMENT APPROVALS

Signature	Date	Signature	Date
Fire		Health and Sanitation	
Public Works		Water	
Zoning Planning		Architectural Review	
Environmental Management			

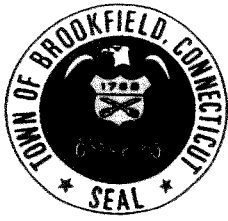
### 18. VALIDATION

Building Permit	Date	Number	Permit/Insp. Fee
Electrical Permit	Date	Number	Permit/Insp. Fee
Plumbing Permit	Date	Number	Permit/Insp. Fee
Mechanical Permit	Date	Number	Permit/Insp. Fee
	Date	Number	Permit/Insp. Fee
	Date	Number	Permit/Insp. Fee
Plan Review Fee (From Part 14)			
Certificate of Occupancy Fee			
Other Fee			
<b>TOTAL FEES</b>			

Prepared By: \_\_\_\_\_ Date: \_\_\_\_\_

Approved By: \_\_\_\_\_ Title: \_\_\_\_\_





Application #: \_\_\_\_\_

Town of Brookfield  
Health Department  
Tel: 203-775-7315 Fax: 203-740-7677

## Application for a **Permit to Construct** a Subsurface Sewage Disposal System

**\*Note: A Permit to Construct will not be issued until both the owner and a Licensed Septic System Installer sign this application. Installation may not begin until the Owner and/or Applicant receive a hardcopy of the Permit to Construct.**

This application is made for a Permit to Construct or Repair a Sewage Disposal System for a:

Residence \_\_\_\_\_ Store \_\_\_\_\_ Restaurant \_\_\_\_\_ Other \_\_\_\_\_

Located At: \_\_\_\_\_ Property ID# \_\_\_\_\_

Original System \_\_\_\_\_ Repair \_\_\_\_\_ Replacement \_\_\_\_\_ Addition \_\_\_\_\_

**Owner Name:** \_\_\_\_\_ **Telephone #** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Installer Name:** \_\_\_\_\_ **License Number** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_ **Telephone #** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Please check whether this project is a:

New House ( ) Number of Bedrooms ( ) **OR an**

Existing House ( ) No. of existing bedrooms ( ) Adding ( ) **TOTAL = ( )**

If Non-Residential, Design Criteria: \_\_\_\_\_  
(Gallons per day per person etc.)

Septic Tank: Existing \_\_\_\_\_ gals. Proposed \_\_\_\_\_ gals. Pump Chamber \_\_\_\_\_ gals.

Leaching Fields: \_\_\_\_\_ Sq. Ft. Leaching Area Proposed

Water Supply: Community Water System \_\_\_\_\_ Private Well \_\_\_\_\_ Other \_\_\_\_\_

Designated Wetlands on Property (circle one): Y or N

**\* Project not approved until Permit to Discharge is issued on basis of satisfactory final installation plan and inspection.**

**This Section For Office Use Only:**

**Reviewed by:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **Amount Paid:** \_\_\_\_\_

**Sanitarian Comments:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## TOWN OF BROOKFIELD

### LIMITATION OF APPEALS ON CERTIFICATES OF ZONING COMPLIANCE

1. **Procedure:**

The following procedure is in accordance with changes to §8-3 of the CT General Statutes effective 10/1/03:

Should an applicant wish to *limit the time period of any appeal* by any aggrieved party to the granting of a Certificate of Zoning Compliance to thirty (30) days from the date of a legal notice of the granting of such a certificate, the applicant may elect, at his discretion and expense, to provide legal notice in a newspaper with substantial circulation in the municipality.

I such notice is **not** provided, an appeal could be filed by any aggrieved part at any time subsequent to the issuance of the certificate.

#### SAMPLE LEGAL NOTICE

LEGAL NOTICE
A Certificate of Zoning Compliance has been issued to me by the Town of Brookfield for land and buildings located at _____ (street address)
to be used for the following purpose(s): _____ (state the "permitted use" and brief description of activity)
Any party aggrieved by this action may file an appeal with the Brookfield Zoning Board of Appeals pursuant to §8-7 of the CT. General Statutes.
Signed: _____, Certificate Holder.

2. **Applicant's Intent:**

☐

I do **NOT** intend to provide a legal notice

☐

I do intend to provide legal notice and will provide a copy of such notice to the Brookfield Land Use Office for filing within the application file.

\_\_\_\_\_  
(applicant's signature)

\_\_\_\_\_  
(date)

## **HEALTH DEPARTMENT** **REQUIREMENTS**

In accordance with the section 19-13-B100a of the Connecticut Public Health Code, Health Department approval is required for all Building Conversions/changes in use, Building Additions, Garages/Accessory Structures and Swimming Pools.

In order to help expedite the Health Department approval, please read the enclosed regulations and include the necessary information with your Building application.

If you have any questions, please contact the Health Department at 775-7315.

Thank you.

## Building Conversions, Changes In Use, Additions

### 19-13-B100a. Building conversions/changes in use, building additions, garages/accessory structures, swimming pools, sewage disposal area preservation

- (a) Definitions. As used in this section:
- (1) "Accessory structure" means a permanent non-habitable structure which is not served by a water supply and is used incidental to residential or non-residential buildings. Accessory structures include, but are not limited to, detached garages, open decks, tool and lawn equipment storage sheds, gazebos, and barns.
  - (2) "Building conversion" means the act of winterizing a seasonal use building into year round use by providing one or more of the following:
    - (A) a positive heating supply to the converted area; or,
    - (B) a potable water supply which is protected from freezing; or,
    - (C) energy conservation in the form of insulation to protect from heat loss.
  - (3) "Change in use" means any structural, mechanical or physical change to a building which allows the occupancy to increase; or the activities within the building to expand or alter such that, when the building is fully utilized, the design flow or required effective leaching area will increase.
  - (4) "Code-complying area" means an area on a property where a subsurface sewage disposal system can be installed which meets all requirements of Section 19-13-B103 of the Regulations of Connecticut State Agencies, and the Technical Standards except for the one hundred percent reserve leaching area referred to in Section VIII A of the Technical Standards.
  - (5) "Design flow" means the anticipated daily discharge from a building as determined in accordance with Sections IV and VIII F of the Technical Standards.
  - (6) "Potential repair area" means an area on a property which could be utilized to repair or replace an existing or failed septic system and includes areas on the property where exceptions to Section 19-13-B103 of the Regulations of Connecticut State Agencies could be granted by the local director of health or the Commissioner of Public Health but does not include areas beyond those necessary for a system repair and areas of exposed ledgerrock.
  - (7) "Technical Standards" means those standards established by the Commissioner of Public Health in the most recent revision of the publication entitled "Technical Standards for Subsurface Sewage Disposal Systems" prepared pursuant to Section 19-13-B103d(d) of the Regulations of Connecticut State Agencies. These standards can be obtained from the Department of Public Health, 410 Capitol Avenue, MS #51SEW, P.O. Box 340308, Hartford, CT. 06134-0308, or by calling (860) 509-7296.
- (b) Building conversion, change in use. If public sewers are not available, no building or part thereof shall be altered so as to enable its continuous occupancy by performing any building conversion, nor shall there be a change in use unless the local director of health has determined that after the conversion or change in use, a code-complying area exists on the lot for installation of a subsurface sewage disposal system. The determination by the local director of health of whether a code-complying area exists on the property shall be based upon analysis of existing soil data. If soil data is not available, the property owner shall perform soil testing. The property owner or the owner's authorized agent shall submit design plans or a sketch to demonstrate how the property contains a code-complying area that can accommodate a sewage disposal system. The local director of health may require expansion of the existing sewage disposal system or installation of a new sewage disposal system at the time of the change in use for those properties whenever the proposed change in use results in a more than 50% increase in the design flow.

**19-13-B100a. Building conversions/changes in use, building additions, garages/accessory structures, swimming pools, sewage disposal area preservation**

- (c) Building additions. If public sewers are not available, no addition to any building shall be permitted unless the local director of health has determined that after the building addition a code-complying area exists on the lot for the installation of a subsurface sewage disposal system. Once a code-complying area is identified, portions of the property outside this designated area may be utilized for further development of the property. This determination by the local director of health shall be based upon analysis of existing soil data to determine if a code-complying area exists. If soil data is not available, the property owner shall perform soil testing. The property owner or the owner's authorized agent shall submit design plans or a sketch to demonstrate how the property contains a code-complying area that can accommodate a sewage disposal system. If the applicant submits soil test data, design plans or a sketch and is unable to demonstrate a code-complying area, the building addition shall be permitted, provided:
- (1) The size of the replacement system shown on design plans or sketch provides a minimum of 50% of the required effective leaching area per the Technical Standards,
  - (2) The replacement system shown on the plans or sketch provides a minimum of 50% of the required Minimum Leaching System Spread (MLSS) per the Technical Standards,
  - (3) The proposed design does not require an exception to Section 19-13-B103d(a)(3) of the Regulations of Connecticut State Agencies, regarding separation distances to wells,
  - (4) The addition does not reduce the potential repair area, and
  - (5) The building addition does not increase the design flow of the building. The local director of health may require expansion of the existing sewage disposal system or installation of a new sewage disposal system at the time of building addition whenever the proposed addition results in a more than 50% increase in the design flow. The separation distance from an addition to any part of the existing sewage disposal system shall comply with Table 1 in Section II of the Technical Standards.
- (d) Attached or detached garages, accessory structures, below or above ground pools. If public sewers are not available, no attached garage, detached garage, accessory structure, below or above ground pool shall be permitted unless the local director of health has determined that after construction of the attached garage, detached garage, accessory structure, below or above ground pool, a code-complying area exists on the lot for installation of a subsurface sewage disposal system. This determination by the local director of health shall be based upon analysis of existing soil data. If soil data is not available, the property owner shall perform soil testing. The property owner or the owner's authorized agent shall submit design plans or a sketch to demonstrate how the property contains a code-complying area that can accommodate a sewage disposal system. If the applicant submits soil test data, design plans or a sketch and is unable to demonstrate a code-complying area, the attached or detached garage, below or above ground pool, or accessory structure shall be permitted, provided the structure does not reduce the potential repair area. The separation distance from the attached or detached garage, below or above ground pool, or accessory structure to any part of the existing sewage disposal system shall comply with Table 1 in Section II of the Technical Standards.
- (e) Sewage disposal area preservation. If public sewers are not available, no lot line shall be relocated or any other activity performed that affects soil characteristics or hydraulic conditions so as to reduce the potential repair area, unless the local director of health has determined that after the lot line relocation or disturbance of soils on the lot a code-complying area exists for the installation of a subsurface sewage disposal system. This determination by the local director of health shall be based upon analysis of existing soil data. If soil data is not available, the property owner shall perform soil testing. The property owner or the owner's authorized agent shall submit design plans or a sketch to

*Current with materials published in Connecticut Law Journal through 11/06/2007*

**19-13-B100a. Building conversions/changes in use, building additions, garages/accessory structures, swimming pools, sewage disposal area preservation**

demonstrate how the property contains a code-complying area that can accommodate a sewage disposal system. In no case shall a relocated lot line violate Subsection (d) of Section 19-13-B103(d) of the Regulations of Connecticut State Agencies that requires that each subsurface sewage disposal system shall be located on the same lot as the building served.

- (f) Decision by Director of Health. Any final decision of the local director of health made in regard to this section shall be made in writing and sent to the applicant. Any decision adverse to the applicant or which limits the application shall set forth the facts and conclusions upon which the decision is based. Such written decision shall be deemed equivalent to an order, and may be appealed pursuant to Section 19a-229 of the Connecticut General Statutes.  
(Effective August 3, 1998.)

Effective 3/15/06

## §242-301C

Add as follows:

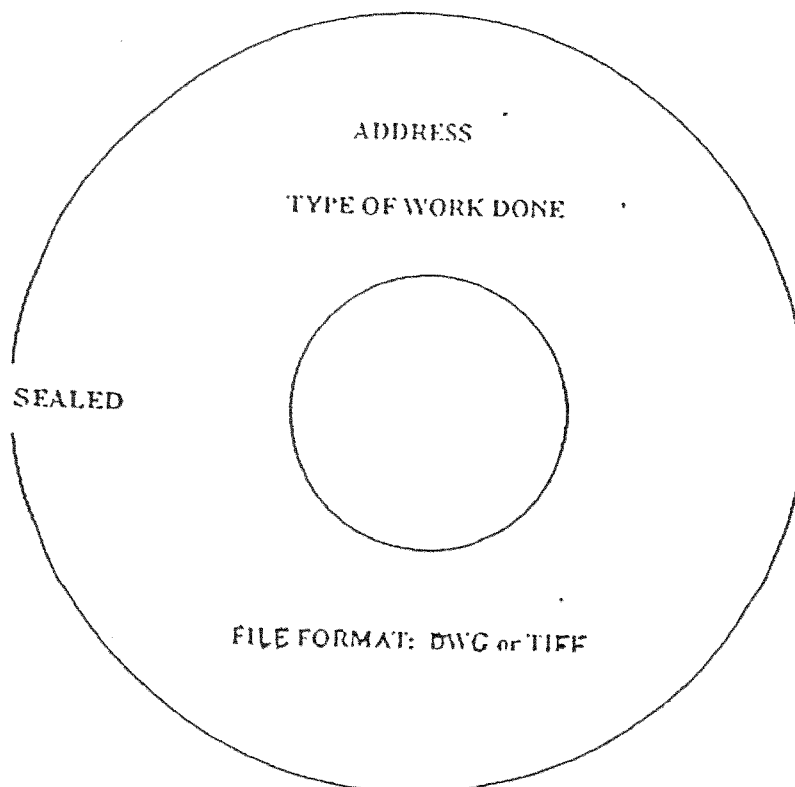
### Digital Map Submission

Prior to issuance of a final Certificate of Zoning Compliance, any "as-built" survey must be submitted in both paper & electronic format for all buildings constructed pursuant to a Design Review, Design Review Approval Modification involving building footprint changes, lot line changes, residential new construction or alterations with footprint changes within 10% of the minimum setbacks, and any activity permitted as a result of a variance granted by the Zoning Board of Appeals. The electronic format shall be for purposes of updating the Town's Geographic Information System (GIS) and shall meet the following criteria:

1. Drawings shall be on a compact disk (CD).
2. Electronics shall be in a format as prescribed by Town's GIS coordinator.

A certification letter stating that the electronic drawing is a copy of the survey map that was presented to the Zoning Enforcement Officer shall accompany electronic drawings. A land surveyor licensed by the State of Connecticut shall certify the letter.

ie:



**BROOKFIELD WATER POLLUTION CONTROL AUTHORITY**

100 Pocono Road, Brookfield, CT 06804 (203) 775-7319 Fax (203) 775-2614

☐ CHANGE OF OCCUPANCY      ☐ TENANT FIT-UP      ☐ ADDITION/RENOVATION

IS PROPERTY CONNECTED TO SEWER?

- ☐ YES  
☐ NO (NO ACTION REQUIRED)  
☐ UNSURE (CHECK WITH W.P.C.A. OFFICE)

LOCATION OF PROPOSED BUSINESS/RENOVATION

\_\_\_\_\_ UNIT # \_\_\_\_\_

TYPE OF OPERATION:

- ☐ FOOD PREPARATION  
☐ FOOD SALES  
☐ HAIR CARE  
☐ PHOTOGRAPHY  
☐ VEHICLE REPAIR  
☐ HAZARDOUS CHEMICALS  
☐ MANUFACTURING  
☐ OTHER (PLEASE LIST) \_\_\_\_\_

ESTIMATED WATER USE PER DAY IN GALLONS \_\_\_\_\_

NUMBER OF EMPLOYEES, FULL TIME \_\_\_\_\_ PART TIME \_\_\_\_\_

HOURS OF OPERATION \_\_\_\_\_ TO \_\_\_\_\_ # OF DAYS PER WEEK \_\_\_\_\_

PREVIOUS TENANT OR BUSINESS \_\_\_\_\_

PRINTED NAME OF PROPERTY OWNER \_\_\_\_\_

PROPERTY OWNER'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

CONTACT NAME \_\_\_\_\_ PHONE # \_\_\_\_\_

W.P.C.A. SIGN OFF:      ☐ APPROVED      ☐ DENIED      ☐ OTHER

COMMENTS \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

W.P.C.A. SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

Contacted by: \_\_\_\_\_ Date: \_\_\_\_\_ via: \_\_\_\_\_  
Contacted by: \_\_\_\_\_ Date: \_\_\_\_\_ via: \_\_\_\_\_  
Contacted by: \_\_\_\_\_ Date: \_\_\_\_\_ via: \_\_\_\_\_